

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement of \$370.00 for dates of service 09/14/01, 01/04/02, and 04/30/02.
- b. The request was received on 08/07/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFA(s)
 - c. EOB/TWCC 62 forms
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60 and Response to a Request for Dispute Resolution
 - b. HCFA(s)
 - c. EOB/TWCC 62 forms
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 10/17/02. Per Rule 133.307 (g) (4), the carrier representative signed for the copy on 10/17/02. The response from the insurance carrier was received in the Division on 10/28/02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Additional Information submitted by Requestor is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Faxed Letter dated 10/09/02

“Effective Sept 2001, a rule SB-1264 was issued to clarify TWCC’s position on the use of Physician Assistants in the TWCC system. The rule clearly states that a Physician Assistant can perform services, as directed by his/her supervising physician, as long as the services are within the PA’s education and training.”

2. Respondent: Letter dated 10/25/02

“The requestor altered the copies of the originally submitted medical bills, in their request for reconsideration, on these dates of service. Per the documentation, the claimant was seen by a physician’s assistant for (Supervising Physician), but not seen by (Supervising Physician). The CPT code billed is 99213, which requires the presence of a physician. CPT code 99211 is the code that should be used when not seen by a physician.”

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are 09/14/01, 01/04/02, and 04/30/02.
2. The explanation of denial listed on the EOB is, “N-MEDICAL DOCUMENTATION ARE LACKING SIGNATURE OR SUPPORTING INFORMATION THAT INDICATE A PHYSICIAN EXAMINED AND/OR ORDERED TREATMENT. N-DOCUMENTATION DOES NOT SUPPORT BEING SEEN BY DOCTOR IF 99211 HAD BEEN BILLED, IT WOULD HAVE BEEN RECOMMENDED. N-NOT SEEN BY DOCTOR.”

V. RATIONALE

The original HCFAs for dates of service (dos) 09/14/01 and 01/04/02, had been submitted using the Physician Assistant’s (PA) name and license number as the provider of service. The medical documentation had no doctor’s signature or initial to indicate that the supervising doctor had reviewed the information. When the services were denied, the HCFAs were resubmitted using the doctor’s name and license number as the provider of service and the medical documentation had been initialed by the doctor. The carrier again denied the service.

For dos 04/30/02, the original HCFA had been submitted using the treating doctor’s name and license number as the provider of service, but the medical narrative indicated the Physician Assistant had seen the claimant. There was no signature or initial to indicate the doctor reviewed the notes. In the dispute packet, the medical submitted for this dos had the treating doctor’s initials.

Regardless of the above, on each medical narrative, whether signed/initialed or not signed/initialed, there is a statement at the end of each report that indicates, “(Treating doctor) was present during the evaluation and directly supervised the evaluation and treatment of the patient.”

This would certainly appear to confirm the presence of the doctor. In attempting to resolve this issue, the treating doctor went back and initialed the reports. This medical dispute officer is unaware of any time limits imposed by the Texas Workers' Compensation Act or Rules for a treating doctor to review and initial dictated reports written up by a Physician Assistant. Advisory 2002-03B, indicates that a signature is not the only way to identify the provider. It indicates that a typed signature is sufficient. When the Advisory and the statement indicating that the treating doctor was present are taken together, the provider has submitted sufficient documentation to support that the claimant was seen by the doctor, as well as the PA, on disputed dates of service. Therefore, additional reimbursement **is** recommended in the amount of **\$370.00**, as requested on the disputed services table.

The above Findings and Decision are hereby issued this 15th day of January 2003.

Michael Bucklin
Medical Dispute Resolution Officer
Medical Review Division

MB/mb